



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

November 20, 2012

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These Updates, published by the Executive Office of Health and Human Services (EOHHS) in consultation with the other state agencies involved in ACA implementation, will bring you news related to the implementation of provisions of the ACA here in Massachusetts.

Grants and Demonstrations

The ACA provides funding opportunities to transform how health care is delivered, expand access to care and support healthcare workforce training.

Grant Announcements

Nurse Anesthetist Traineeship Program (NAT), \$5308. Announced November 15, 2012. Funding is available to provide traineeship support for licensed registered nurses enrolled as full-time students in a master's or doctoral nurse anesthesia program. Schools of nursing, nursing centers, academic health centers, state or local governments and other nonprofit entities are eligible to apply. Eligible entities will provide traineeships that will pay for all or part of the costs of tuition, books and fees, and reasonable living expenses of the individual during the period for which the traineeship is provided. \$2.25M in 80 awards is available.

Applications are due December 17, 2012.

The announcement can be viewed at: [HRSA](#)

Guidance

11/16/12 CMS issued an ACA-related Medicare final rule with comment period called "Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, DME Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random Prepayment Complex Medical Review and Other Revisions to Part B for CY 2013." The rule implements portions of the following sections: 3002, 3003, 3025, 3104, 3105, 3134, 3135, 4105, 6407, 10311 and 10331.

The rule addresses changes to the physician fee schedule, payments for Part B drugs, and other Medicare Part B payment policies. It also implements provisions of the ACA that establish a face-to-face encounter as a condition of payment for certain durable medical equipment (DME) items. The rule also continues the implementation of the physician value-based payment modifier that was included in the ACA by providing choices to physicians regarding how to participate.

Read the rule at: <http://www.gpo.gov/fdsys/pkg/FR-2012-11-16/pdf/2012-26900.pdf>

Read the CMS fact sheet at: [CMS](#)

11/15/12 CMS issued an ACA-related Medicare final rule with comment period called "Hospital Outpatient Prospective and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Electronic Reporting Pilot; Inpatient Rehabilitation Facilities Quality Reporting Program; Quality Improvement Organization Regulations." The rule implements portions of the following sections: 3004, 3121, 3137, 3138, 3401, 10317 and 10324.

The rule updates the Medicare hospital outpatient prospective payment system and the Medicare ambulatory surgical center (ASC) payment system for CY 2013. In addition, the rule updates the requirements for the Hospital Outpatient Quality Reporting Program, the ASC Quality Reporting Program, and the Inpatient Rehabilitation Facility Quality Reporting Program. The rule also revises the electronic reporting pilot for the Electronic Health Record Incentive Program, and the various regulations governing Quality Improvement Organizations, including the secure transmittal of electronic medical information, beneficiary complaint resolution and notification processes, and technical changes.

Read the rule at: <http://www.gpo.gov/fdsys/pkg/FR-2012-11-15/pdf/2012-26902.pdf>

Read the CMS fact sheet at: [CMS](#)

News

Selection of the Benchmark Plan for Massachusetts

The Affordable Care Act ("ACA") requires that health plans offered in the small group and individual markets cover Essential Health Benefits ("EHBs") effective January 1, 2014. The EHBs are the medical services, supplies or prescription drugs required to be covered in all small group and individual health plans, but this does not include the level of cost-sharing (copayments, deductibles or coinsurance).

States were directed to define that state's EHBs by designating a "benchmark plan" selected from:

- (1) one of the three largest small group plans; or
- (2) one of the three largest state employee health plans; or
- (3) one of the three largest federal employee health plans options; or
- (4) the largest HMO plan offered in the state's commercial market.

The Division of Insurance (DOI) was designated by the Governor to select the benchmark plan for Massachusetts. To make the selection, the DOI coordinated an analysis of the 10 possible plan options. Based on the analysis, the DOI recommended that the benchmark plan be selected from one of the three small group plans based on the determination that all of these

plans reflect the benefits currently available to individuals/small employers and all of these plans include all the Massachusetts mandated benefits available to individuals/small employers as of December 31, 2011.

The analysis showed that there are relatively minor differences in the benefits covered within the small group plans identified and the actuarial value of these plans differs by less than 50 cents on every \$100 of premium. Consequently, the DOI recommended that the plan with the largest enrollment in the merged market, the Blue Cross Blue Shield of Massachusetts HMO Blue plan, be selected as the benchmark plan. As this plan does not include the required category for pediatric dental, the DOI, following guidance from the Centers for Medicare and Medicaid Services, recommended that the benchmark plan be supplemented with the pediatric dental benefit plan from the Commonwealth of Massachusetts Children's Health Insurance Program (CHIP).

For more information on the benchmark plan selected, visit the DOI website at: Mass.Gov

Upcoming Events

Money Follows the Person (MFP) Working Group Meeting

November 28, 2012, 2:00 PM -3:30 PM
State Transportation Building
10 Park Plaza
Boston, MA

Please contact MFP@state.ma.us if you would like to attend the meetings. Requests for reasonable accommodations should be sent to MFP@state.ma.us. Although an RSVP is not required, it is appreciated.

An **MFP 101 introductory session** will also be held at the State Transportation Building on November 28, 2012 from 1:30 PM-2:00 PM for those not familiar with MFP.

Integrating Medicare and Medicaid for Dual Eligible Individuals Open Meeting

December 7, 2012, 10:00 AM - 12:00 PM
One Ashburton Place, 21st Floor, Conference Rooms 1, 2, and 3
Boston, MA

The purpose of this meeting is to continue discussion on key implementation topics for the Duals Demonstration.

We welcome attendance from all stakeholders and members of the public with interest in the Demonstration. Reasonable accommodations will be made for participants who need assistance. Please send your request for accommodations to Donna Kymalainen at Donna.Kymalainen@state.ma.us

Integrating Medicare and Medicaid for Dual Eligible Individuals Quality Metrics Workgroup Meeting

December 7, 2012, 1:00 PM - 2:30 PM
One Ashburton Place, 21st Floor, Conference Rooms 1, 2, and 3
Boston, MA

The purpose of this meeting is to continue discussions with stakeholders regarding appropriate quality metrics for the Duals Demonstration. Stakeholders wishing to participate in a workgroup should RSVP to duals@state.ma.us by **5:00 PM, December 4, 2012**. Please provide your

name and organizational affiliation (if any).

Participants should be prepared to engage in focused discussion and offer constructive input. To ensure a productive working session, we request that organizations identify the best representative to attend the workgroup meeting.

Reasonable accommodations will be made for participants who need assistance. In your RSVP to duals@state.ma.us, please note any request for accommodations.

Bookmark the **Massachusetts National Health Care Reform website** at: <http://mass.gov/national health reform> to read updates on ACA implementation in Massachusetts.

Remember to check <http://mass.gov/masshealth/duals> for information on the **"Integrating Medicare and Medicaid for Dual Eligible Individuals"** initiative.